

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 98523 Office of Registrar of Vital Statistics. Ward 19⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

10 March, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Harry R. Hogg

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 6 Months, — Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Balt.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

1508 W. Fayette St.

Place of Death, { Give Street and Number. }

Stomach Distress

Cause of Death, { First (Primary),
Second (Immediate), }

Malaria

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

John Hood, M. D.

Date of Burial, March 11 1887

Medical Attendant.

Undertaker, Los B. Cook

Place of Business, 1403 W. Baltimore

Address, 1403 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98524

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

McGill 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years,

Months,

Days.

Color,

Pale

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Medical Attendant,

M.D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98525 Office of Registrar of Vital Statistics. Ward 7 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 9th 1889

B

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr. John Lomk

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Thirty Four (34) Years, Nine (9) Months, Nine (9) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Manned

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Fifteen (15) Years

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th 1889

{ Undertaker, John Kerney

{ Place of Business, 2008 Orleans Street, No 418 N Broadway

Poalysis
Five days (5)

Medical Attendant,

W. H. Glendinen, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 98526

Office of Registrar of Vital Statistics.

Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Sauer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, _____

Years, One

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

St. Remick and St. (Randall St.)

Cause of Death, { First (Primary),

Papillary Brucellosis

Second (Immediate),

Exhaustion

Duration of Last Sickness,

From week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 11 1887

Undertaker, John Horvig

Medical Attendant,

Place of Business, 2008 Orleans Address, 108 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 98527

Office of Registrar of Vital Statistics.

Ward 7 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 9th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick Brush Booth

Sex, Male or Female, { Cross out the word not required in this line. }

Frederick

Age,

25 Years,

Months,

Days.

Color,

Indulat

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Not known

Occupation,

Seamstress
tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Not known

Place of Death, { Give Street and Number. }

Dr. Draplin's shop

Cause of Death, { First (Primary),

Tuberculosis of lung & heart

Second (Immediate),

Hemorrhage -

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial, E. Park Cemetery

Date of Burial, March 11th 1878

{ Undertaker, Geo. Richard

W. G. French

M. D.

Medical Attendant

{ Place of Business, Health Office

Address, Currier House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 98528 Office of Registrar of Vital Statistics. Ward 82

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 10th /87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Lewis

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 6 Years,

Two Months,

Days.

Color,

Dark brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt city

Duration of Residence in the City of Baltimore,

Two Months

Place of Death, { Give Street and Number. }

No 21 Camel Ally

Cause of Death, { First (Primary),

Unknown

Second (Immediate),

Marasmus

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11th /87

{ Undertaker, Chas T. Scilvers, Benj H. Bohner M. D.

Medical Attendant.

{ Place of Business, 11 E. Eutaw St Address, cor of Mulberry & Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on page 1.

Health Department, City of Baltimore.

Permit No. 98539 Office of Registrar of Vital Statistics. Ward 15^q

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9/87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Walter Fields

Sex, Male or Female, { Cross out the word not required in this line }

Age, 1 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth } 721 Grindell's Court

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number } 721 Grindell's Court

Cause of Death, { First (Primary), Second (Immediate), Consumption }

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11/87

Undertaker, H. Rose

Place of Business, Conway St

J. W. White M. D.

Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

Health Department, City of Baltimore.

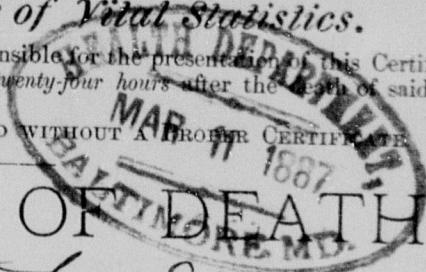
Permit No. 98530

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A FROBEE CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 10th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Wanger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Shoemaker

Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, { Give Street and Number. } # 515 Burk St.

Cause of Death, { First (Primary), Second (Immediate), }

Tuberculosis

Duration of Last Sickness,

7 wks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, March 13

{ Undertaker, H. Sanders & Son John H. Rehberger M. D.
Medical Attendant.

{ Place of Business, 1710 Carrollton Address, 1709 Lee Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 98531 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 10 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Connally

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 4 Days

Color,

White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

906 Constitution

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore,

906 Constitution

Place of Death, { Give Street and Number. }

Marasmus

Cause of Death, { First (Primary),

Exhaustion

Second (Immediate),

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 12th 1887

J. H. Robinson

M. D.

Medical Attendant.

{ Undertaker, M. Cadogan

{ Place of Business, 207 Carrollton

Address,

725 Grand Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

for Burials, to the Office whence
the Certificate is issued, each week.

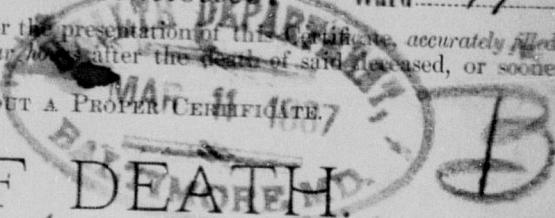
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 98532 — Office of Registrar of Vital Statistics, Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Mar 9th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anton Wolf

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Months,

Days.

white

65 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Pleiner
Germany

Occupation,

40 years
90 Franklin St
Franklin St

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Pneumonia

Duration of Residence in the City of Baltimore,

2 weeks

Place of Death, { Give Street and Number. }

M. D.

Cause of Death, { First (Primary),
Second (Immediate), }

Medical Attendant,

Duration of Last Sickness,

F. J. L. M. D.
Fox Cathederal

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 11th 1887

Undertaker, A. Rosenberger

Place of Business, 61 Park Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]